Mt. Vernon-Black Township Parks and Recreation Department Youth Sport Volunteer – Background Check Form

All head and	assistant coaches ar	re required to comple	ete the following inform	nation (please print).
Sport Wantin	g to Coach			
Name				
Last Fi		st Middle In	nt. Social Seco	urity Number (Optional)
Drivers Licen	se number			
Other Name(s) Used			Date of Birth	Sex
Home Address	Or Maiden I	Name		
Number and Street		City	State	Zip
Home Phone #			Work Phone #	
Last 5 years F	Previous Addresses			
Number and Street		City	State	Zip
Number and Street		City	State	Zip
violations, traffi against you. Fai CHECI	c violations and the like lilure to include all informations X HERE IF N	e. Also, please list all cr mation requested under OT APPLICA	riminal charges (misdemeand this section may result in de BLE.	anors or felonies), ordinance ors or felonies) currently pending nial of your request to volunteer.
Date Date	Location	may attach another sheet Charge	Court	Disposition of case
Bute	<u> </u>	Sharge	Court	Disposition of cuse
		g arrest record does not of circumstances of the pa		o coaching and will be considered on
READ CAR	EFULLY BEFOR	E SIGNING		
to use the info	ormation I have pro		that falsification of, or	thorize the City of Mt. Vernon omissions from this form may
Printed Name	<u> </u>			
Signature				
Date				

THIS INFORMATION IS SUBJECT TO A BACKGROUND CHECK.
THIS FORM MUST BE FILLED OUT ANNUALLY.